

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/520452** FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3						
4			X	X		
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16			/			
17			/			
18						
19						
20			/			
21			/			
22			X	X		
23			/			
24			/			
25						
26						
27			X	X		
28			X	X		
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47						
48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.			22			
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						